

**Department of Police
Town of Barrington**

Residential Alarm Information Sheet

Date: _____

Primary Contact/Owner: _____ DOB: _____

Street: _____

Mailing Address (if different): _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Persons to be contacted in case of emergency

Secondary Contact: _____ DOB: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

3rd Contact: _____ DOB: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Type of Alarm System (check all applicable)

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Robbery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Perimeter | <input type="checkbox"/> Contacts | <input type="checkbox"/> Mats <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ultrasonic | <input type="checkbox"/> Microwave | <input type="checkbox"/> Passive Infrared |
| <input type="checkbox"/> Photoelectric | | <input type="checkbox"/> Other (specify) _____ |